

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND												
1 Date of Request: <u>07/18/08</u>		2 Serial/Patent # <u>09/174,804</u>										
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT								
	Filing			\$								
	Amendment			\$								
	Extension of Time			\$								
	Notice of Appeal/Appeal			\$								
	Petition			\$								
	Issue			\$								
	Cert of Correction/Terminal Disc.			\$								
X	Maintenance	43		\$ 2,300.00								
	Assignment			\$								
X	Other	43		\$ 700.00								
		7 TOTAL AMOUNT OF REFUND		\$ 3,000.00								
10 REASON:		8 TO BE REFUNDED BY:										
	Overpayment	Treasury Check										
	Duplicate Payment	X Credit Deposit A/C #:										
		9 <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;">5</td> <td style="width: 20px; text-align: center;">0</td> <td style="width: 20px; text-align: center;">--</td> <td style="width: 20px; text-align: center;">0</td> <td style="width: 20px; text-align: center;">4</td> <td style="width: 20px; text-align: center;">7</td> <td style="width: 20px; text-align: center;">6</td> </tr> </table>				5	0	--	0	4	7	6
5	0	--	0	4	7	6						
X	No Fee Due (Explanation):											
PETITION DENIED.												
11 REFUND REQUESTED BY:												
TYPED/PRINTED NAME: <u>Patricia Faison-Ball</u>		TITLE: <u>Attorney</u>										
SIGNATURE: <u>Patricia Faison-Ball</u>		PHONE: <u>2-3212</u>										
OFFICE: <u>PETITIONS</u>												
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****												
APPROVED: <u>CKH</u>		DATE: <u>8/16/08</u>										

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

**Office of Finance
Refund Branch
Crystal Park One, Room 802B**